

COOPERATIVE DRIVER TESTING PROGRAM (CDTP)
INSTRUCTOR COMPLIANCE AFFIDAVIT

I am currently employed as a high school Traffic Education Instructor by the school listed below, and agree to comply with the provisions of the COOPERATIVE DRIVER TESTING PROGRAM (CDTP). I agree to the following:

1. PERIODICALLY REVIEW THE CDTP PROCEDURES outlined by the Montana Department of Justice (DOJ) and the Office of Public Instruction (OPI).
2. ADMINISTER THE DOJ TESTS only to students actively enrolled in an OPI approved high school Traffic Education Course.
3. CERTIFY THE WAIVER OF THE KNOWLEDGE TEST based on a student correctly answering 82% of the test questions contained in the DOJ knowledge test. Testing will be administered (a) in written form, and (b) in a supervised setting. DOJ knowledge test will not be used for a study guide or quizzes.
4. CERTIFY THE WAIVER OF THE DRIVING TEST only for students who demonstrate skills and judgment sufficient for responsible safe driving and only for those students who have successfully completed the course.
5. ADMINISTER A VISION SCREENING TEST verifying that a student's visual acuity is at least 20/40 in both eyes.
6. MAINTAIN THE RECORDS OF THE DOJ "TESTS" AND OPI "STUDENT LIST" FORMS in a secure location for a minimum period of five years.
7. SUBMIT TO THE DOJ, on the OPI "STUDENT LIST" form (TE04), the names of all students certified to be waived from the DOJ test(s).
8. ADHERE TO THE CURRENT OPI CURRICULUM GUIDELINES.

I understand that failure to meet the above criteria may disqualify me from program participation. I further understand that the school CDTP contact person will be notified, in writing, of program approval or disapproval.

Signature of Instructor: _____ Date: _____

Printed Name: _____

School District Name: _____

Mailing Address: _____

HAVE QUESTIONS? CALL 444-1778 OR 444-1779

*Please note: If you intend to instruct classes for more than one school district, this form must be completed for each individual school district.